

N16000003751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

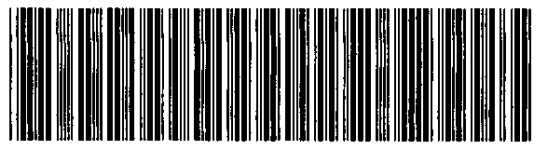
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300284215813

04/06/16--01008--019 **87.50

16 APR -6 PM 3:05
RECEIVED
STATE
SECRETARY

04/12/16

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bishop Adrian S. Weeks ministries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Janeé Grilliam
Name (Printed or typed)

4440 SW Archer Rd # 2401
Address

Gainesville, FL 32608
City, State & Zip

(352) 519-2929
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Bishop Adrian S. Weeks Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4440 SW Archer Rd #2401
Gainesville, FL 32608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious / ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Appoint / vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Deneé Gilliam - P

Name and Title:

Lady Weeks - S

Address

4440 SW Archer Rd
#2401

Address:

4440 SW Archer Rd
#2401

Gainesville, FL 32608

Gainesville, FL 32608

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Doree Gilliam

Address:

4440 SW Archer Rd # 2401
Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Doree Gilliam

Address:

4440 SW Archer Rd # 2401
Gainesville, FL 32608

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Doree Gilliam
Required Signature of Registered Agent

3/22/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Doree Gilliam
Required Signature of Incorporator

3/22/16
Date

16 APR -6 PM 3:05

FILED
DEPARTMENT OF STATE
CORPORATION DIVISION